FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:59

DOCUMENT # 309709 (4)

1. Corporation Name
DAVID G. WILLBUR INSURANCE AGENCY, INC

Principal Place of Business	Mailing Address
2716 SOUTH US HWY 1 PO BOX 1360 FORT PIERCE FL 34954-6360	2716 SOUTH US HWY 1 PO BOX 1360 FORT PIERCE FL 34954-6360

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/06/1987	02/02/1994

2. Principal Place of Business	2a. Mailing Address
21 2716 So. U.S. Hwy. 1	26 P. O. Box 1360
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Pierce	City & State 28 Ft. Pierce, FL
Zip 24 34982-5919 Country 25 St. Lucie	Zip 29 34954-1360 Country 30 St. Lucie

4. FEI Number **59-1149489** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLBUR, DAVID G 1402 PLATTS LANE FT. PIERCE FL 34982	91 Name: Willbur, David G. Jr. 92 Street Address (P.O. Box Number is Not Acceptable): 2716 So. U.S. Hwy. 1 93 94 City: Ft. Pierce, FL 95 Zip Code: 34982

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: David Willbur — 2/22/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CB	1.1 TITLE		☒ Change ☐ Addition
NAME	WILLBUR, DAVID G.	1.2 NAME		
STREET ADDRESS	2716 SOUTH US HWY 1	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 00000	1.4 CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE	PD	2.1 TITLE		☒ Change ☐ Addition
NAME	WILLBUR, DAVID G. JR.	2.2 NAME		
STREET ADDRESS	2716 SOUTH US HWY 1	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 00000	2.4 CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE	ST	3.1 TITLE		☒ Change ☐ Addition
NAME	WILLBUR, BERNICE B.	3.2 NAME		
STREET ADDRESS	2716 SOUTH US HWY 1	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 00000	3.4 CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE	V	4.1 TITLE		☒ Change ☐ Addition
NAME	WILLBUR, ANN N.	4.2 NAME		
STREET ADDRESS	2716 SOUTH US HWY 1	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: David Willbur Jr. — 2/22/95 — 407-461-8870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000000 FP